



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Florida Stroke Registry

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

The Florida Stroke Registry implements and supports the Florida-wide delivery of evidence-based best practices, identification of disparities, and development of future interventions to reduce disparities in acute stroke care through the systematic collection and analyses of stroke-care performance metrics.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
1,000,000		1,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>		<b>200,000</b>	<b>200,000</b>

**10. Is future-year funding likely to be requested?**

Yes

**a. If yes, indicate non-recurring amount per year.**

\$1,000,000

**11. Program Performance:**

**a. What is the specific purpose or goal that will be achieved by the funds requested?**

The Florida Stroke Registry aims to IMPROVE QUALITY OF STROKE CARE STATEWIDE through the comprehensive data collection and analysis of stroke performance metrics and outcomes and race-ethnic, sex, and geographic disparities in stroke care performance metrics in Florida.

**b. What are the activities and services that will be provided to meet the intended purpose of these funds?**

The Florida Stroke Registry will, 1) track, measure, and benchmark quality of stroke care in Florida hospitals providing annual hospital-specific reports and regional reports; 2) identify stroke care disparities and analyze disparity trends; 3) develop initiatives/interventions to address disparities; and 4) improve the quality of stroke care through the promotion of data-driven best practices

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Researchers, Statistician, Epidemiologist, Programmers, Project Manager, Coordinator	492,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	1)Equipment and technology (data linkage, warehouse) to support the collection and research of evidence-based stroke disparities data from Florida hospitals; (2)Education, training, and intervention materials to share best practices in stroke care to healthcare professionals; (3)Travel to annual meeting to improve statewide health care	508,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Improved healthcare and quality of care for Floridians and education, training, and intervention materials for best practices for healthcare professionals to improve outcomes in the area of stroke care in Florida.

**e. Who is the target population served by this project? How many individuals are expected to be served?**

Indirectly all citizens within the State of Florida will be reached through outreach to hospital systems of care, health professionals (clinicians, researchers, administrators, stroke coordinators, case managers, policy advocates, academics), stroke patients and caregivers, stroke advocacy groups. Direct collaboration will occur with over 76 currently participating Florida Hospitals.

**f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**



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Expected benefits include improvement of hospital performance measures; enhancement of quality of stroke care; and reduced disparity gaps in stroke care among Floridians. All of which could result in a reduction in healthcare costs associated with the disease of stroke. Outcomes will be measured through data-driven results provided as Annual and Regional Reports. Annual Reports are developed for each participating hospitals to track, measure, and benchmark their quality of care performance. Regional Report will be developed to meet the needs to track and measure endovascular therapy which in 2017 has become a new standard in stroke care. Regional Reports will also provide data driven insight on gaps and improvements at a finer geographic and local (countywide) focus.

- g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Subject to the penalties put forth by the Florida Department of Health Terms & Conditions

- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

- 13. Requestor Contact Information:**

- a. **Name:** Ralph Sacco
- b. **Organization:** University of Miami Miller School of Medicine
- c. **Email:** rsacco@med.miami.edu
- d. **Phone Number:** (305)243-7519

- 14. Recipient Contact Information:**

- a. **Organization:** University of Miami Miller School of Medicine
- b. **County:** Statewide
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Ralph Sacco
- e. **E-mail Address:** rsacco@med.miami.edu
- f. **Phone Number:** (305)243-7519

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** Raena Wright
- b. **Firm:** University of Miami
- c. **Email:** raenawright@miami.edu
- d. **Phone Number:** (305)284-2618